

Fire Service Authorization Engineering Department												
Date:	File No.:			Phase No.		AP	PN:			<u> </u>		
Building No.:				OMC			NMC					
Box below to be filled out completely by the applicant												
IND COM SERVICE ADDRESS*:_							OJECT	AREA		ac		
BUSINESS NAME:										-		
BILLING ADDRESS:												
CITY, STATE, ZIP:					BUSINE	ESS LIC	ENSE #	#:				
PHONE NUMBER:		AL	T NO.:			FA	X NO.:_					
* PLEASE LIST ALL ADDRESSES WHEN MULTIPLE BUILDINGS ARE BEING SERVICED												
TOTAL NUMBER OF FIRE LINES WITHIN PUBLIC R/W :												
	Pipe Size	Lo	cation									
Fire Line 1												

Fire Line 3		
Fire Line 4		

Important Information:

Fire Line 2

To have Fire Protection Service turned on, please call Revenue Services Department at (909) 395-2050 at least three days in advance to start service and coordinate backflow testing. An advance water payment may be required along with proper identification and, if applicable, a City of Ontario business license.

Applicant Name/Signature

APPROVED:

By Permit Engineer for City Engineer

Inspector Approval for installation/ Date

Distribution List: 1-Applicant 2- Cashier 3- Steve Wilson 4- Inspector 5- File 6- Meter Shop, Public Works